

# Strategy Discussions/Meetings in South Gloucestershire Terms and Reference:

## **Working Together 2023 states:**

Whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm there should be a strategy discussion involving local authority children's social care (including the residential or fostering service if the child is looked after), the police, health and other bodies such as the referring agency. This might take the form of a multi-agency meeting or phone calls and more than one discussion may be necessary. A strategy discussion can take place following a referral or at any other time, including during the assessment process and when new information is received on an already open case.

Strategy discussions should ideally be face-to-face but telephone discussions (for example, by a conference call or virtual meeting) may be adequate in some circumstances.

Strategy meetings should be multi-agency as far as possible and should involve those key professionals known to, or involved with, the child and family. Local authority children's social care, health and the police should always attend. Where the child is in hospital, the appropriate clinician should also be included.

Local authority children's social care convenes a strategy discussion when the above threshold is met. They should request the strategy discussion within 24 hours of the decision that threshold has been met.

It is recognised that many referrals come from schools and school staff are likely to know the child well. Therefore, all key professionals, including from schools, especially those currently actively involved with the child and family should be involved in the strategy meeting whenever possible.

### **Timescales**

On requesting a strategy discussion, the team manager, using their professional judgement, should clearly mark on the form that it is required (from the point of receipt by partners) either:

- Immediately
- Within 24 hours
- Within 48 hours

### **Rationale for the above**

- In exceptional circumstances and with agreement from the service manager, this may be extended to ensure attendance of those with the necessary expertise, for example a case of suspected FGM. However, this extension will not exceed 5 days and, where appropriate, a risk management plan should be agreed between social care, police and health in the interim.

- When a strategy discussion is needed to deal with longer term concerns, such as ongoing neglect, it may be necessary to delay the meeting to ensure that all of the right involved people are able to attend. This should also be with the agreement of the service manager

This timescale is then adhered to by the three statutory and relevant partners, i.e. children's social care, the police, appropriate health colleagues and early years and education settings.

The form needs to include the details of key index all of the children and adults and relationships who will be discussed, highlighting persons of concern and those that require checks to be made on, the conference call telephone number and a telephone number in case contact is needed. Should the strategy discussion be needed immediately, phone calls should be made to expedite arrangements.

Key and relevant partners should be invited to the Strategy Discussion/Meeting:

Children's Social Care

LADO

Police

Health/CAMHS/Midwifery

Education – early years setting/school/college

Other agencies involved in the child and family's life

### **Police Involvement in the Strategy Discussion/Meeting**

The police representative will be either a decision maker (DS or police staff equivalent) from within the Lighthouse Safeguarding Team or a member of investigations. Team manager to invite as appropriate/established.

[LSUDMnorth@avonandsomerset.pnn.police.uk](mailto:LSUDMnorth@avonandsomerset.pnn.police.uk)

### **Health Involvement in the Strategy Discussion/Meeting within normal working hours:**

Sirona safeguarding nurses (strategy workstream):

**All strategy requests are sent to the Sirona strategy workstream inbox for triage: Email: [sirona.safeguardingnursesspa@nhs.net](mailto:sirona.safeguardingnursesspa@nhs.net).**

Sirona, on behalf of the BNSSG health system receive, process, and research Strategy requests from across the three neighbouring Local Authority Children's Social Care Teams in Bristol, South Gloucestershire, and North Somerset.

Once triaged, in accordance with the agreed Scheme of Delegation, Sirona will invite the appropriate Sirona health representative(s) to attend the Strategy Discussion. This may include a Sirona safeguarding nurse, CIC nurse, Community Paediatrician or FNP.

The Sirona health representative will research and evaluate all available health information for children and adults identified by the Local Authority as being relevant to the Strategy discussion.

They can share information from Sirona services such as School Health Nurses, Health Visitors, Children in Care Nurse and the GP, relevant to the strategy

discussion. They can also share the outcome of the strategy with Sirona health services known to the child and the GP.

Sirona safeguarding nurses may be able to provide information relating to pregnant women if a Health Visitors antenatal contact at 28 weeks has been completed.

Sirona cannot provide information from other external health organisation informally or outside of a strategy discussion.

**Sirona will invite the community Paediatrician to attend the strategy discussion, as per scheme of delegation if there are concerns related to:**

- Perplexing presentation previous known as Fabricated and induced illness.
- Physical harm to a child which may require a medical examination.
- Injuries in non-mobile babies/non-mobile children.
- Enduring neglect/ neglect impacting on physical health such as malnutrition/growth/development
- Sexual abuse /FGM (as these children may need a medical examination)

*Cases where sexual assault has occurred within the last 0-7 days SARC should be involved and invited by CSC: Contact telephone number 0117 342 6999 or via email : [Thebridge@UHBW.nhs.net](mailto:Thebridge@UHBW.nhs.net)*

Sirona safeguarding nurses should not need to attend as well as other health colleagues included community Paediatricians.

**IF IN DOUBT CONTACT THE ON CALL COMMUNITY PAEDIATRICIAN WHO CAN ADVISE.**

If Sirona identifies that there are other relevant health representatives from an organisation outside of Sirona that should be invited, this will be shared with Children's Social Care (CSC) and Sirona will request that CSC invite the appropriate external health representative (e.g. CAMHS, SARC, Acute Provider Trust).

This model operates within normal working hours i.e. Monday to Friday from 9am - 5pm, in line with the Local Authority Duty Teams. Outside of normal working hours, requests for Strategies are managed by the On-call Community Paediatricians, in alignment with the Emergency Duty Team Model in the three Local Authorities.

### **North Bristol Trust (NBT)**

Please contact [nbn-tr.safeguarding@nhs.net](mailto:nbn-tr.safeguarding@nhs.net). A member of the safeguarding team will assist finding the appropriate clinician. We should be invited if the child/parent is a current inpatient or have attended Southmead Hospital A&E due to safeguarding incident or has a significant long-term condition that they are being treated for i.e. diabetes/dialysis/transplant team.

### **Midwives – North Bristol Trust**

- Midwives in the case of a pregnant person/Unborn/ Newborn less than 28 days

- Maternity must be invited in any case where is an Unborn in the household- ie any case involving a pregnancy, even if the Unborn is not the primary subject of the strategy meeting. Invite should be sent to [nbn-tr.specialistmidwives@nhs.net](mailto:nbn-tr.specialistmidwives@nhs.net) if known to be open to maternity (ie if the pregnancy has been booked with NBT); if pregnancy not confirmed or not in receipt of maternity care then invite NBT safeguarding team via [nbn-tr.safeguarding@nhs.net](mailto:nbn-tr.safeguarding@nhs.net)

### **University Hospitals Bristol and Weston**

- If the child/young person is an in-patient in the hospital (at any of the sites including the children's hospital or St Michaels) at the time of the strategy meeting, then the Safeguarding Team should be invited to the meeting. 0117 3421696 Email [Ubh-tr.uhbchildprotectionteam@nhs.net](mailto:Ubh-tr.uhbchildprotectionteam@nhs.net) the team will require as much notice as possible in order to ensure that the relevant clinical staff are present at the meeting.

### **CAMHS and AWP**

- CAMHS staff to be invited to strategy/MASH discussion where children are known to CAMHS or a referral to the service has been made.
- Requests to attend a strategy/MASH discussion should be made to [awp.safeguardingspoc@nhs.net](mailto:awp.safeguardingspoc@nhs.net) a member of the safeguarding team will check to see if the child is known to CAMHS and assist in finding the appropriate clinician to attend the meeting and provide a report.
- If a child has been referred to CAMHS but is still on a waiting list CAMHS will inform the MASH/Strategy as appropriate; will provide relevant information such as when they were referred, wait times and any relevant clinical information – we would request that an outcome of the meeting is sent to CAMHS.

### **Early years/Educational Settings involvement in the Strategy Discussion/Meeting**

To invite the relevant DSL, Headteacher or designated safeguarding lead for Early years/Educational settings

### **Other professionals to invite to the strategy discussion/meeting if applicable**

- ✓ The referring professional/organisation
- ✓ Any other health services the child or family are receiving e.g. community mental health/CAMHS/peri-natal mental health
- ✓ IDVAs
- ✓ BASE
- ✓ Preventative services
- ✓ CAMHS
- ✓ Home choice
- ✓ DHI– South Gloucestershire Drug and Alcohol Service
- ✓ Next Link
- ✓ YOT

- ✓ Probation
- ✓ Adult Social Care
- ✓ YPDAS

Team manager to consider the timing of the strategy discussion and ensure partner agencies are alerted as soon as possible to enable checks to be carried out.

- ✓ The strategy discussion should follow the South Gloucestershire strategy discussion agenda ensuring the script is read out at the beginning, and determine the child's safety and welfare, and plan future action as well as determine whether there are grounds to initiate an enquiry under S47 of the Children Act 1989.
- ✓ In sharing history, the 'first, last and worst' approach is useful to avoid lengthy discussions whilst ensuring the most pertinent information is shared.
- ✓ Participants should be reminded of confidentiality, and each agency should advise about how the information can be utilised in future e.g. Police intelligence
- ✓ Minutes should be produced within 72 hours.
- ✓ Minutes always need to be shared with attendees including the police and key agencies. We need to explore how GP's (definitely) and community Paediatricians are informed if involved.

MASH Strategic Group  
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